

# **West Virginia Offices of the Insurance Commissioner & Stakeholders Planning Workshop**

**Holiday Inn & Suites  
Charleston, West Virginia  
April 30, 2013**

## **Maximizing Health Insurance Coverage in West Virginia Summary Notes**



**Provided by:  
CESD, Inc.  
Morgantown, West Virginia**

## **West Virginia Offices of Insurance Commissioners (WVOIC) Maximizing Health Insurance Coverage in West Virginia**

On April 30, 2013, nearly sixty individuals representing a diverse group including insurance carriers, agents, consumer groups, health providers, government agencies and others participated in a planning workshop focused on topics related to the pending health benefits marketplace for acquiring insurance. The planning session was designed to provide information and to seek ideas for maximizing health coverage in West Virginia. The attendees are listed at the end of these notes. The following were the objectives of the workshop.

### Workshop Objectives

- ❖ To conduct an in-person information sharing and listening workshop that brings together the different stakeholders regarding the health benefits marketplace (exchange).
- ❖ To learn about West Virginia's Health Benefits Marketplace, especially regarding access and use by consumers.
- ❖ To hear first-hand from consumer groups and other organizations plans for encouraging and assisting uninsured consumers in obtaining health insurance coverage.
- ❖ To collect strategies and ideas for ways to maximize health insurance enrolments across all age populations in West Virginia.
- ❖ To gather specific areas that need additional information or addressed by OIC regarding the development, implementation and communication of West Virginia's engagement in the health benefits marketplace.

The session was facilitated by CESD located in Morgantown. Key parts of the session were videoed. Interested parties can access this recording on the WVOIC website <http://www.wvinsurance.gov/>.

### **Opening Presentation**

Jeremiah Samples, from WVOIC, welcomed everyone and spent time upfront providing background information specific to the consumer and the overall process for acquiring insurance in the new health benefits marketplace. This included discussions regarding the roles of agents, navigators, assisters and community volunteers. The presentation can be found on the WVOIC website and is also included in the video from the planning session.

### **Benefits & Challenges Development**

To ensure good discussions and opportunity for networking, table assignments were made that mixed the participants among their backgrounds and professional work. A first table discussion activity was for those present to identify and discuss what would be benefits if those present could work together to develop ways to maximize health insurance enrollments in WV. Each table was also requested to think about the challenges to achieve the benefits identified. After time to discuss, each table reported out key benefits and challenges. Attachment 1 has the full list of what those present offered as to benefits and challenges.

### **Panel Discussion**

Time was set aside for a panel to discuss some issues surrounding the thinking about maximizing health insurance cover, including hearing some lessons learned from other initiatives involving providing information to consumers (e.g., Medicare Advantage in WV program). The following individuals participated in the panel, with each giving insights prior to opening up for questions.

Dr. Richard Crespo opened the panel sharing the results of work he and others at Marshall University completed regarding Health Insurance Literacy. He spoke to the importance of understanding what aspects of health insurance are more of a challenge for a consumer compared to what the consumer knows about insurance. Information on the study and its presentation can be found on the OIC website.

Jane Cline, former WV OIC Commissioner, spoke to some of the financial considerations regarding acquiring insurance including potential increase in coverage premiums. Looking at the overall costs to the consumer and to the insurance companies is important.

Joseph H. Deacon, III, an independent insurance agent in WV, gave his perspectives on the health benefits marketplace and how agents will be involved. He helped clarify that a person can not be an agent and a navigator at the same time.

Marcia Meeks, Director of WV SHIP (State Health Insurance Assistance Program), spoke to her earlier experiences working with consumers and Medicare Advantage program. She also discussed how SHIP can help with the insurance coverage work.

Dena Wildman, with OIC's Consumer Services, shed light on the potential of fraud in the pending process. She noted that some consumers can be misled by people less than honest with selling insurance. Sometimes, this is outright misrepresentation, while other times, it might just be selling an insurance policy that does not truly cover what the consumer believes it does. She alerted those present to be watching for any type of fraud and notify OIC.

### **Table Planning Sessions**

The workshop's next segment was for each table to do planning regarding what ideas or suggestions should be considered for maximizing insurance coverage among those who currently are not insured. The following questions were distributed for review and discussion by each table. Attachment 2 has a summary of written comments submitted during the workshop. Each table was asked to consider:

1. How can West Virginia best identify and seek younger aged citizens to participate in acquiring health insurance?
2. What are the best ways to bring awareness to those eligible to enroll in health insurance in our state?
3. What are the most logical places (events, gatherings, established locations, etc.) to promote and/or actually enroll individuals into health insurance?
4. What organizations, not present today or already identified, who may play some part in maximizing the enrollment in health insurance by West Virginians?
5. How can non-government organizations best coordinate their specific outreach efforts with other like organizations that are doing similar outreach?
6. What areas (processes, strategies) do you think are not being addressed or need more attention to help maximize health insurance coverage in West Virginia in the next year?

Each person present was also asked to provide a specific idea/action regarding how best to reach individuals and foster getting health insurance coverage. This list, with some duplication of ideas offered in the discussion question session, is found in Attachment 3. CESD combined similar ideas and also sorted like ideas into categories as listed in Attachment 3.

### **Next Steps**

The following are some of the specific next steps planned by OIC based on the workshop session:

1. OIC will continue to refer to, and build on, the notes and associated suggestions in detail in an effort to build on the insights and ideas provided by stakeholders.
2. The attendees of the planning workshop are requested to share the notes and other information with others. As part of this, those participants are asked to advance ideas and suggestions from the session that will be helpful to maximize health insurance coverage in West Virginia.
3. OIC will distribute the notes and the video recording of the event to those not present and others who may find the information helpful in their work.
4. Both OIC and all stakeholders continue to work on the topics covered in the Maximizing Health Insurance Coverage in WV.
5. The OIC plans on hosting a business assistance stakeholder meeting.

6. OIC is planning on bringing together consumer assistance work group in conjunction with several stakeholder groups. This work group will be charged with, but not limited to:
  - a. Developing inventory of organizations and entities that will have formal and informal role in consumer assistance;
  - b. Developing referral matrix for consumers and consumer assistance entities;
  - c. Developing strategies to coordinate stakeholder consumer assistance efforts;
  - d. Developing resource need plan so that stakeholder organizations are able to access materials necessary for consumer assistance;
  - e. Developing strategy for “community speakers program” to maximize outreach to local leaders;
  - f. Provide recommendations into community outreach strategies not yet envisioned;
  - g. Providing input to WVOIC for in person assistance program strategies.

#### **Closings**

Jeremiah thanked those present for attending the workshop and contributing to the discussion and generation of ideas. He indicated the notes would be completed along with a video of the session to ensure those who could not make the meeting can review what happened. Further, OIC will continue to work with the stakeholders for follow up on outcomes of today’s workshop and on sharing new information going forward.

A written evaluation was completed by those present. The results of the evaluation were submitted to OIC and can be accessed under separate cover by asking OIC. The overall evaluations were positive with appreciation for the breakout sessions involving a cross mix of stakeholders.

The planning session adjourned at approximately 4:15 pm.

**Attachment 1**  
**BENEFITS & CHALLENGES DISCUSSION**

At each table, each person provided his or her thoughts as to possible benefits and challenges, than the full table discussed the topic for finding common themes.

**THE BENEFITS:**

What do you see as the benefits of cooperatively working together to identify and to develop actions (plans, programs, collaborative initiatives, campaigns, etc.) to maximize the health insurance coverage for all West Virginians, regardless of age, gender, location, walk of life, etc.? What do you see as the benefits or potential for engaging in this activity?

1. Limited resources make working together a plus.
2. Different scopes of work make their agenda specific to their needs, but sometimes these agendas could change if they are aware of what other organizations are doing.
3. Defining the roles of those who are enrolling and who their target audience will be.
4. Coming up with ways to market to different audiences and reaching maximum enrollment.
5. The more people covered the better off the state as a whole will be - increased productivity, less stress, less uncompensated care - thus a greater spread of risk.
6. Define roles and target audience with specific needs and issues and model that audience with the most likely and beneficial guidance.
7. Encourage more participation from healthy individuals - key!
8. Collaboration among groups that don't normally interact-greater understanding of issues and broader impact to solutions.
9. Make sure that potential enrollees are pointed to the correct resource for enrollment.
10. The potential benefits are pretty obvious; the hope is to enroll as many people as possible into either private insurance, Medicaid, other programs, etc.
11. The various stakeholder groups will likely work in different markets, and there will be overlap, so it is imperative to have some model to work together to enroll citizens.
12. People who want insurance will be able to get it.
13. Everyone with various groups will be able to gather insight.
14. No groups should be left out/overlooked.
15. Multiple perspectives on how to reach uninsured.
16. Understanding of what each group or agency has to offer to help uninsured.
17. By having multiple agencies work collaboratively, the WV OIC can penetrate a variety of population sub-sets, with a higher probability of reaching West Virginians throughout West Virginia.
18. This will require all available entities working together with as little duplication as possible.
19. Maximize outreach.
20. Reduce confusion on a topic most are not currently engaged in.
21. Strengthen the pool; engage people beyond only the most needy.
22. Provide transition between Medicare and Private.
23. Many benefits, right now I do not know how to proceed, how to keep my business, most important how to become a part of exchange and possible, taking my agency to the next level, I would like to work with a teacher to move forward.
24. Better to get out ahead – will be a lot of change hitting January 1 - need to prepare.
25. Every individual has unique perspective, affected different, need to include in discussion to identify pitfalls.
26. Figure out how to meet needs.
27. Same message.

28. Build on the conflict.
29. Tax returns and subsidies that are available.
30. More widespread information sharing across many venues.
31. Raise questions issues now for problem-solving before enrollment.
32. Broad dissemination of basic information statewide to give general public an idea of what to expect.
33. Result – more coverage, stable market.
34. Exchanging ideas on how to reach all West Virginians.
35. Learning what other groups are planning to do to reach people who are uninsured. Past experience has proven thinking ahead and meeting in workgroups was successful for the implementation of Medicare Part D.
36. Better educated population - on insurance generally, on healthier living.
37. Healthier population!
38. No one person responsible to know all.
39. Need multiple avenues to reach people and maximize benefit.
40. Take best ideas.
41. Synergy and building off of ideas.
42. Maximizing people in pool will lead to cheaper premiums.
43. Leads to healthier population and workforce, saves money in the health care system.
44. Getting different stakeholders together helps understand different perspectives and viewpoints, the role each group can serve in maximizing coverage.
45. Ability to generate innovative, creative ideas ensuring diversity and representation of different groups - hopefully we will reach more people.
46. Identification of hard to reach populations.
47. Sharing of responsibility.
48. Reaching a population that was previously uninformed.
49. Bring different experiences to the table working with an insured/non-insured public.
50. Promote a healthier state as a whole.
51. Utilizing skill that different sectors of the community already have.
52. Secure more coverage.
53. Hearing consumer perspective.
54. Hearing different concerns or views from different stakeholders.
55. Coming from one side of the market (insurance/agenda) beneficial to hear what others have to say about the marketplace.
56. Secured coverage, possible premium leverage.
57. Everybody wins with enrollment.
58. Limited resources are used wisely.
59. Hopefully we can overcome historical distrust.
60. Average limited resources. Helps us tear down walls.
61. By working together, we can combine resources and bring together self-interest from different perspectives.
62. Unique ideas from each group to serve as alternatives.
63. There is potential - all groups have a tie-in to the other.
64. Reduce confusion for consumer in the navigation process.
65. Increase enrollment numbers.
66. To help people who are currently cannot afford insurance to obtain it.
67. To help people to get greater access to healthcare.
68. Create a sustainable system that works.

69. Quality of life: an ounce of prevention.
70. Strategy – coordinated to leverage best practices and preserve institutional knowledge.
71. Relationship building for future growth/collaboration.
72. It will be important to engage health care providers, private payers, government payers, businesses, etc. to educate consumers on the opportunities to obtain coverage.
73. Improved quality of life for those currently uninsured or underinsured.
74. The healthy need to participate in order to control cost overall. Need to avoid adverse selection.
75. Each entity involved has its own “constituency” and knows who within that “constituency” is uninsured.
76. Involving numerous entities helps ensure that all will be identifies.
77. There are numerous entities that already serve uninsured and know their needs.
78. Potential is strong pending cooperation.
79. Healthier West Virginia.
80. More preventative services.
81. Better dissemination of information to all parties.
82. More opportunities to learn, to influence, to benefit from the changes in the near future.
83. Network resources.
84. If we all understand what our partners are doing then we can better inform/educate the public.
85. It may help us identify conflicts before enrollment begins. We can resolve the issues, jointly.
86. An inclusive plan of cooperation will bring a lot of ideas and solutions to the table.
87. Different perspectives are need in order to gain the fullest understand of the difference processes/problems/solutions.
88. The benefit of the working sessions is to work thru as many issues as possible before rolling out a program to consumers.
89. Improved quality of life for all West Virginian - unifying purpose for many groups that my otherwise have opposing/competing interests.
90. Get more people covered.
91. Less confusion/chaos.
92. Same message every time from all groups will build support.
93. Working to get the word out.
94. Learn other parts of system.
95. If you get all groups rowing together, where by more West Virginians obtain health insurance, it would be a win-win situation both on a personal level and corporate level.
96. Reduce charity care dollars.
97. Reduce lost employee time.
98. Introduce fairness in insurance market.
99. Involve many specialty areas - get “buy-in” to the marketplace concept.
100. Make connections for future questions/referrals-sharing of knowledge.
101. Create consistent message for consumers.
102. Greater organization to help consumers, less referral of consumers to multiple sites or info sources.
103. Bring a varied group of people with unique backgrounds and experiences will help us be better prepared.
104. We are experiencing the general population of West Virginia to be healthier as a whole.
105. All have different views to help communicate to their group effectively.
106. Clearing misconceptions – it’s not FREE for all!
107. Enroll as many people as possible through the different government access points through education thus reducing stress, uncompensated care and increased productivity.

108. Working together to identify who will use who for each sector of the uninsured population.
109. Multiple avenues needed to reach as many as possible to maximize benefit.
110. Leveraging resource and bringing together mutual self-interest from different perspectives.
111. Multiple agencies penetrate a variety of population subsets so no group should be left out or overlooked.

#### THE CHALLENGES:

What are the challenges or possible roadblocks (barriers) that come to mind that may hamper or even stop us from reaping the benefits or reaching the potential you envision?

1. Time issues - having enough manpower.
2. Reaching young, healthy adults and helping them to understand the importance of insurance.
3. Literacy issues.
4. Take to the water, but can't make them drink. In other words, some people may not participate no matter what.
5. Confusing system.
6. Potentially having to leave a provider.
7. Lack of providers.
8. Medical eligibility and payback.
9. Healthy young people - will they participate.
10. Lack of knowledge.
11. Penalty for one year is so low, no incentive to enroll.
12. Cost.
13. Too much confusion due to the various overlapping programs.
14. Unknown details still.
15. Negative attitude towards the marketplace or "Obama Care."
16. So many unanswered questions or unclear information.
17. Agencies/individuals working in silos.
18. Agencies/individuals that have difficulty working with others and only interested in how it benefits them or how it adds tasks to their plate of duties.
19. Adverse solutions.
20. Independent infrastructure.
21. Overwhelming topic/subject matter.
22. Federal system may not be able to accommodate the volume/process to the level of satisfaction American consumers expect.
23. Having a state exchange.
24. Having time to comprehend what needs to be done.
25. People jumping in and out of plans.
26. Government needs to make decision re: Medicaid, some lack of voice, vulnerable, less able to articulate, not empowered.
27. Still need Federal guidance on some.
28. Cost of care.
29. Educating consumers in the cost of health care and understanding benefits.
30. How best to dispel misinformation that may cause some to not check out Marketplace (e.g. fines).
31. Reaching populations such as rural, poor, Hispanic and others.
32. The complexity of the process.
33. Having enough people trained to assist in high populated areas of state that the uninsured live in.



34. Lack of information/access to web.
35. General lack of understanding of insurance - individuals.
36. Coordination challenges among community resources.
37. Employer understanding of requirements.
38. Hard to reach young and healthy.
39. Miss in the eyes of the consumer - few of the affected consumers are/have been involved.
40. Small business understanding.
41. Congress - tweaks may be needed, but won't pass.
42. Differing stakeholder groups having different objectives i.e. earning a living from the health care system, so certain approaches are problematic.
43. Possible conflicts.
44. Lack of knowledge about other programs/partners.
45. Reluctance to adopt this/determination that this is doomed to fail.
46. Aggressive timeline.
47. Inability to get accurate information distributed timely.
48. Learning curve regarding insurance.
49. The individuals themselves not taking initiative.
50. Ultimately stopping before everything actually works.
51. Education and clarity to the stakeholders.
52. Confusing messages.
53. Reaching those who don't seek government services.
54. The unknown/fears of unknown.
55. Obstacles between navigators and agents.
56. Duplication of efforts.
57. Confusion for 6 months.
58. Enrollment into Obama care.
59. Continuity and shelf life of information.
60. Communications with all of the different groups.
61. It's going to be new - ever changing.
62. Negative communication attached to Obama care/proper branding.
63. Accurately communication possible, often-changing information and complex messages to all involved.
64. Difficult subject matter, lack of different communication methods.
65. Delays in implementation of the exchange.
66. Lack of information.
67. Lack of clarity.
68. Financing and cost, choice.
69. Disparate interest/perspectives.
70. Personality conflicts.
71. Ambiguity regarding federal guidance/assistance.
72. Existing care - access to existing PCP's.
73. Access to PCP's, cost, confusion, literacy, consistent messaging, media markets.
74. Securing cooperation is a challenge.
75. The picture (despite power point) is cloudy and demands leadership.
76. Border state situation is potentially problematic.

77. Political/philosophical opposition.
78. People's lack of cooperation.
79. Bureaucracy.
80. Breakdown in communication.
81. Negative attitudes.
82. Political discontent/agenda.
83. Difficulty in educating the public.
84. Lack of knowledge.
85. Turf battles; silo-ing.
86. Educating consumers will be a difficult process that relies heavily upon them being motivated to seek information.
87. Confusion regarding issues and political baggage associated with program will have to be overcome.
88. Those who do not want to pay for coverage.
89. Education of benefits.
90. Different interests.
91. Marketing.
92. Understanding-speaking "our" language.
93. Follow up procedures.
94. People slipping through cracks.
95. Clarity of information.
96. Financial circumstances of population.
97. Employers dropping coverage.
98. Information access.
99. Financial transition.
100. Time meeting constraints - everyone's busy, may not have time for statewide meeting, in-person networking most effective.
101. Limited broadband for statewide Skype-type, web cam meetings.
102. Limited interest/"buy-in" by many logical network members.
103. Costs for non-participation are too low - need to sell the benefits.
104. Education multiple demographic groups on the cost of medical care and understanding benefits.
105. Getting all stakeholders to agree to deliver the same message.
106. Clearing the misconception that it is free.
107. Getting everyone to agree.
108. Developing a message that reaches all demographic groups.
109. Focusing on the negative!
110. Reaching the healthy uninsured.
111. Understanding stakeholders/consumers.

**Attachment 2**  
**Discussion Questions for Individual Table Planning**

**Guidelines:** Please assist by taking time to focus and generate ideas, recommendations, etc. regarding aspects of maximizing health insurance coverage in West Virginia. The following are suggested questions (not in any priority order) to help guide the discussions. The Table Captain will help lead the discussions along with ensuring information is captured for a summary report out along with written submission of what is offered by those at the table.

**A. How can West Virginia best identify and seek younger aged citizens to participate in acquiring health insurance?**

1. Marketing and education
2. Libraries
3. Thru e<sup>rs</sup>, welfare recipients
4. TV
5. Grocery stores
6. Catchy marketing scare ads – cigarettes, etc. – penalty
7. Where do young people congregate? Sports venues, local businesses/services, job fairs, trade schools, locations
8. Sports venues
9. Barbers
10. Job fairs
11. Churches
12. Health clinics/Free clinics
13. Dental
14. Make it available at places they're familiar with – hospitals, primary care, LHDs. They're not going until they're sick.
15. High schools, college campus
16. Communicate/educate from high school through college
17. Go to colleges/tailgate parties
18. Football network at WVU
19. School-based clinics
20. Educate college and university financial aid officers on the basics of enrollment
21. Use WVU and MU football teams to promote the marketplace
22. Trade schools
23. Social media
24. Voters' registration locations
25. Mirror with voters' registration/selective service sign ups

**B. What are the best ways to bring awareness to those eligible to enroll in health insurance in our state?**

1. Marketing
2. Community service
3. Spokesperson
4. Use FQHCs, FRNs, local health departments to reach the uninsured
5. Flyer delivery thru meals to those eligible for meals. They're aged, but have family members.
6. Churches
7. Physician offices, Rx offices

8. Pharmacies
9. High schools
10. Media blitz
11. Social media – get WVU & Marshall athletes to do TV and radio PSAs
12. Online
13. TV/TV commercials/Library channel
14. Internet
15. Radio
16. Public service announcements
17. “Valu-pac” coupons
18. Social media, catchy marketing/scare tactic, penalties, tax refund
19. Wal-Mart

**C. What are the most logical places (events, gatherings, established locations, etc.) to promote and/or actually enroll individuals into health insurance?**

1. Wal-Mart
2. Employers
3. Malls
4. PTO/PTAs, child care centers
5. Grocery chains
6. Hunting/fishing areas (or through licensing or DNR support)
7. Home-delivered services by senior services
8. Community centers
9. Libraries
10. Venues for the community
11. Churches
12. Faith-based
13. Italian Heritage Festival
14. State fairs/County fairs- other tourism
15. Clinics, doctors, pharmacies
16. FQHCs
17. Hospitals (especially ER)
18. WVDHHR
19. WVU/Marshall football tailgates
20. Colleges/Community colleges
21. Schools/High Schools- focus on back to school time based on it being August.
22. Social media
23. Concerts
24. Movie theaters
25. Sports events
26. Voters registration

**D. What organizations, not present today or already identified, may play some part in maximizing the enrollment in health insurance by West Virginians?**

1. Public forums
2. Politicians
3. Gun shows
4. Chamber of commerce
5. Department of Education
6. Legal aid/Legal services
7. CAP
8. FRN
9. Churches/ Faith-based community/Religious organizations
10. Community organizations
11. Nonprofits
12. PTOs
13. Healthy Kids and family coalition
14. Pharmacies
15. Media
16. Social media
17. Schools

**E. How can non-government organizations best coordinate their specific outreach efforts with other like organizations that are doing similar outreach?**

1. Round table discussions
2. Team up/idea exchange
3. Stakeholder meetings
4. Media public service announcements
5. Have resources by county of all assistance available
6. Online bulletin boards
7. Electronic bulletin boards for posting of events

**F. What areas (processes, strategies) do you think are not being addressed or need more attention to help maximize health insurance coverage in West Virginia in the next year?**

1. Education, continuing education after first year
2. Social media/YouTube videos to promote the marketplace
3. Affordability especially if we do not expand Medicaid
4. Statewide coordinating council
5. Make it their idea that health care is good for them as parents. We do a good job enrolling kids. Now let's grab parents.
6. WV standardized messaging that can be used by all partners
7. Umbrella plan/enroll WV steering committee
8. Standardized WV messaging

### Attachment 3

#### Task Statement – Ideas for Maximizing Health Insurance Enrollments in West Virginia

Based on what you have heard today, what you may know and how you see the best opportunities for maximizing health insurance enrollments in West Virginia in the next 1-3 years, what ideas or suggestions would you offer on any aspect of getting health insurance enrollments (awareness, marketing, messaging, processes, etc.)? *[Name as many as you can.]*

WE SHOULD...

What – action – initiative, etc.	Who (may be more than one)	When
<b>Advertising</b>		
1. Advertising		
2. Marketing campaign to mothers for young people, recruit the moms	ALL	Summer 2013
3. Consider MTV advertising		
4. Marketing Blitz-Social Media, TO, Radio, Newspaper, Library Channel	All partners and OIC	Released as soon as details finalized-prepared now!
5. TV ads - get them to website	Feds, state, private	ASAP
6. TV ads - education		
7. Get WVU/Marshall athletes to do a PSA's, create enthusiasm for signing up for coverage, esp. among young people.		
8. Create a reality show (independent producer? WV Pub Broadcasting?) and broadcast it over a season: assign various health problems, challenge the volunteers to solve the case problem and show viewer the value of coverage. Use CCHIP/Medicaid/School database to reach kids approaching adulthood and/or age 26, who are ripe for their own policies.		
<b>Social Media</b>		
9. Deploy social media for outreach	Feds, state private	ASAP
10. Use social media to inform young people		
11. Engage social media to reach young/healthy. Facebook, Twitter		
12. Design mass media campaign, social media campaign	OIC WV FREE	Immediately soon
13. Use social media to inform about marketplace, when to enroll and how to enroll		
<b>Communication</b>		
14. Call centers (that you can talk to a real person)		
15. Have agent volunteers do career day events/act as speakers		
16. Develop uniform messaging	Everyone	Now & thru '14
17. Use hot line call in for 2 hours to answer any of your questions		
18. Talk about benefits, not Obama care		
19. Consistent messaging needed for all organizations to use. Targeted to different groups (e.g. Age 45-60)	Website, eblasts from OIC	June – Oct.

What – action – initiative, etc.	Who (may be more than one)	When
20. Make sure the WV Health Insurance supermarket has a WV “skin”, feels very WV ( not look and feel ), not federal		
21. Have OIC form a ‘coordinating committee’ of stakeholders to develop strategies and work through how best to do this		
22. Develop umbrella implementation plan, enroll WV committee		
23. Establish coordinating groups to make happen.		
<b>Education</b>		
24. Provide speakers for community organizations with a large number of childless adults	OIC/DHHR/Insurance Agents	Sept 2013
25. Education-enrollment information		
26. Agents should get consumers. Need to help with /avoid the “runaround” of who to talk to about insurance and decide what it needed		
27. Educate now and in the future	OIC	Now-forward
28. Education is key		
29. Marketing and education		
30. Educate about value of insurance	Clinics (FQHC)	
31. Let the people in this room know when we can get Educated and begin to understand how we set up our office and get ready to access the system and service the public. I would like to employ, facilitator and agents in my office.		
32. Educate-Benefits-prevention	All citizens	Continues
33. Provide leadership for ongoing meetings of stakeholders like ours today	OIC	Monthly
<b>Health Places to Enroll</b>		
34. Hold health fair type of event to inform the public	Various entities	
35. Get the word out...clinics/docs/pharmacy	AMA/Pharmacy Boards	September
36. Link to health/education fairs in every community	Agents/Navigators if assisted	Now
37. Work with local health departments as a place for contact		
38. Have contact at SS Offices, free clinics, doctor offices, hospitals		
39. Go to community health fairs		
40. Use entities compatible with health care to promote enrollment, kids enrolled	Health care facilities etc. behavior health	
<b>Insurance/CHIP</b>		
41. Link to Medicaid, CHIP, SNAP, parent education opportunities.		
42. Contact parents or Medicaid/CHIP kids; contact people though SNAP	Medicaid/CHIP/SNAP	Summer 2013
43. Determine who is up for qualifying for CHIP/Medicaid		

What – action – initiative, etc.	Who (may be more than one)	When
44. Seek assistance through SHIP, Medicaid eligibility waivers, primary care, CHIP coverage, letters to families		
45. Link children with CHIPS to advocate that parents get insurance if they don't have it (maybe at schools)		
<b>Other</b>		
46. Understanding individual budget constraints and address somehow in messages, etc.	All stakeholders	
47. Small regional pilot to test ideas — Rick Simon has ideas 545-0571		Now
<b>Places to Enroll</b>		
48. Engage Dept. of Education, faith community, Higher Education, Chamber of Commerce, Manufacturing Association, Public Benefit Program	OIC	Now
49. Enroll individuals at state fair, county and regional fairs		
50. Enroll individuals at county gun shows		
51. Do outreach at DMV - and other places with "captive audiences"		
52. Connect at Wal-Mart locations.		
53. Use kiosks at community centers		
54. Tap into churches and synagogues		
55. Contact or address students in trade schools		
56. Have programs at major malls		
57. Use DMV through the licensing processes		
58. Use public events (fairs, sports) to get word out about importance of health insurance		
59. Presences at all large event in WV-state/county fairs; college/high school football games	All partners	Fair/Festival
60. Develop messages for church bulletins, newsletters back to school events	Faith communication and school	June and Oct.
61. Rotate assistants thru the various places consumers gather (theaters, CVs, Wal-Mart, Sport events, malls) and start the process or send people to a more private place		
62. Go to YMCA's/YWCA's		
63. Enrollment in 9 or 10 population centers of the state for public in mass	BFC	Oct. 2013-March 2014
<b>Schools</b>		
64. Get the word out to college campuses	OIC/College Med Schools	ASAP
65. Do outreach at high school football and basketball games		
66. Work through the community libraries		
67. Go through trade schools		



What – action – initiative, etc.	Who (may be more than one)	When
68. Use youth opinions leaders to inform their peers		
69. Include health insurance actuaries in high school math curriculum		
70. Need to mind shift, make insurance part of culture, get kids familiar with concept		
71. Requests public and private schools to share information, help at the time of registering for school check for coverage		
72. Tap into economic classes in high school		
73. Consider middle/high school classes on health insurance		
74. Make sure every high school, college student receives pamphlet in their “welcome packet”	Work with dept. of Education and PTP’s	Aug/Sept
75. Work with schools - PTO’s	Feds, state, private	Within 1 yr.
76. Work through the schools.		
77. Send information when youth get selective service sign up information		
78. Mandate coverage for college and 2 year college students	HEPC	Now
79. Prepare packet of information for all colleges in WV. Text message information with OIC campaign similar to TXT4BABY.	WV higher ED in cooperation with OIC	Start of fall semester 2013
80. Use the PTO’s or college admissions to make families aware of marketplace and where to go for help	PTO’s , College Admission	August-September
<b>Technology</b>		
81. Database of CHIP recipients		
82. Make sure applications can be saved on the marketplace website so can go back and update it or correct it when applying		
83. Create an App that can be downloaded at the “fast” moments/encounters with informed assistants that can help remind/inform consumers		
<b>Voter Registration/Selective Service</b>		
84. Connect it with voter registration cards		
85. Get the word out...mirror voters registration/selective service	HHS	ASAP
86. School registration military (selective services) and voter registration	DOE	
<b>Work with Specific Groups</b>		
87. Work with state entities. It’s their money		
88. Work with job firms (headhunting) get insurance with first job	Feds, state, private	Within 1 yr.

## Attendance

First Name	Last Name	Organization
Robert	Aman	
Lila	Angel	Wells Fargo Insurance Services
Ellen	Archibald	WVAHC member
Kathy	Beck	WV Offices of the Insurance Commissioner
Perry	Bryant	West Virginians for Affordable Health Care
Linda	Bunn	AARP
Sharon	Carter	
Margaret	Chapman Pomponio	WV Free
Jane	Cline	Spilman Thomas & Battle, PLLC
Melissa	Cole	Coventry Health Care, Inc.
Krista	Coon	Coventry Health Care of WV
Jeff	Cox	Foresight Group
Dr. Richard	Crespo	John C. Edwards School of Medicine, Marshall University
Sherri	Davis	Highmark Blue Cross Blue Shield WV
Joseph	Deacon III	WV HHU / Deacon & Deacon
Joe	Deacon II	WV HHU / Deacon & Deacon
Fred	Earley	Highmark Blue Cross Blue Shield West Virginia
Sherri	Ferrell	WVPCA
Kim	Fetty	WV Bureau for Medical Services
Ryan	Fitzer	Garlow Insurance
M. Paula	Fitzgerald	West Virginia University
Joylynn	Fix	OIC Rates and Forms
John	Forsyth	Citywide Insurance & Financial Services
Dan	Foster	
Donna	Gordon	Wells Fargo Insurance Services
Rebecca	Gouty	WV Bureau of Senior Services (WV SHIP)
Steve	Grimm	GKG
Steve	Gue	Gue's Insurance Services, Inc.
Carl	Hadsell	CESD
Brett	Hamilton	NEF
Wes	Harvey	Foresight Group

Carol	Haugen	West Virginia Hospital Association
Tom	Heckman	CESD
Barbara	Hudson	WV Offices of the Insurance Commissioner
Cheryl	Kelly	Wells Fargo Insurance Services of WV
Richard	Kephart	
Pam	King	WV Offices of the Insurance Commissioner
John	Law	EnAct
Brock	Malcolm	Community Care of West Virginia, Inc.
Gray	Marion	Independent Insurance Agents of West Virginia, Inc.
Debi	McCoy	WV OIC
Marcia	Meeks	WV Bureau of Senior Services (WV SHIP)
Louise	Moore	WVU Health Research Center, WVU School of Public Health
Kelly	Newhouse	Coventry Health Care of WV
Mary Jane	Pickens	Spilman Thomas & Battle, PLLC
Renate	Pore	West Virginians for Affordable Health Care
Louise	Reese	WVPCA
Shannon	Riley	WV Legislature
Phil	Shimer	TSG Consulting
Kathryn	Simmons	Commercial Insurance
Rick	Simon	Community Care of West Virginia, Inc.
Ryan	Sims	WV Offices of the Insurance Commissioner
Sherry	Thomas	MSIA
Nancy	Tonkin	WV Physical Therapy Association
Angela	Vance	AARP
Emily	Vasile	West Virginia University
Linda	West	WV Association of Free Clinics
Matt	West	CESD
Deborah	Weston	Legal Aid of West Virginia
Paul	White	Commercial Insurance
Dena	Wildman	WV Offices of the Insurance Commissioner
Jeff	Wiseman	WVOIC
Chris	Zinn	Hospice Council of WV and WVAHC